



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. BUTCH OTTER, GOVERNOR
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
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CERTIFIED MAIL: 7000 1670 0011 3315 1941

August 25, 2008

Rod Jacobson
Bear Lake Memorial Hospital Home Health
164 South 5th Street
Montpelier, ID 83254

RE: Bear Lake Memorial Hospital Home Health, provider #137069

Dear Mr. Jacobson:

Based on the Medicare/Licensure survey completed at Bear Lake Memorial Hospital Home Health on August 8, 2008, by our staff, we have determined that Bear Lake Memorial Hospital Home Health is out of compliance with the Medicare Home Health Condition of Participation on Organization, Services & Administration (42 CFR 484.14). To participate as a provider of services in the Medicare program, a Home Health Agency must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies which caused this Condition to be unmet, substantially limits the capacity of Bear Lake Memorial Hospital Home Health to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). A similar form indicates State Licensure deficiencies.

You have an opportunity to make corrections of those deficiencies which led to the finding of non-compliance with the Condition of Participation referenced above by submitting a written Credible Allegation of Compliance. Such corrections must be achieved and compliance verified, by this office, before **September 22, 2008**. **To allow time for a revisit to verify corrections prior to that date, your Credible Allegation must be received in this office no later than September 12, 2008.**

The following is an explanation of a credible allegation:

Credible allegation of compliance. A credible allegation is a statement or documentation:

- Made by a provider/supplier with a history of having maintained a commitment to compliance and taking corrective actions if required.
- That is realistic in terms of the possibility of the corrective actions being accomplished between the exit conference and the date of the allegation, and
- That indicates resolution of the problems.

In order to resolve the deficiencies the facility must submit a letter of credible allegation to the Department, which contains a sufficient amount of information to indicate that a revisit to the facility will find the problem corrected.

As mentioned above, the letter of credible allegation must indicate that the problems have been corrected as of the date the letter is signed. Hence, a plan of correction indicating that the correction(s) will be made in the future would not be acceptable. Please keep in mind that once the Department receives the letter of credible allegation, an unannounced visit could be made at the facility at any time.

Failure to correct the deficiencies and achieve compliance will result in our recommending that CMS terminate your approval to participate in the Medicare Program. If you fail to notify us, we will assume you have not corrected.

Also, pursuant to the provisions of IDAPA 16.03.07.003, Bear Lake Memorial Hospital Home Health is being issued a Provisional Home Health license. The license is enclosed and is effective August 8, 2008, through December 8, 2008. The conditions of the Provisional License are as follows:

1. Post the provisional license.
2. Correct all cited deficiencies and maintain compliance.

Please be aware that failure to comply with the conditions of the provisional license may result in further action being taken against the facility's license pursuant to IDAPA 16.03.07.003.

Rod Jacobson
August 25, 2008
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Be advised, that, consistent with IDAPA 16.05.03.300, you are entitled to request an administrative review regarding the issuance of the provisional license. To be entitled to an administrative review, you must submit a written request by September 22, 2008. The request must state the grounds for the facility's contention of the issuance of the provisional license. You should include any documentation or additional evidence you wish to have reviewed as part of the administrative review. Your written request for administrative review should be addressed to:

Randy May, Senior Bureau Chief
Division of Medicaid -- DHW
P.O. Box 83720
Boise, ID 83720-0036
phone: (208)364-1804
fax: (208)364-1811

If you fail to submit a timely request for administrative review, the Department of Health and Welfare's decision to issue the provisional license becomes final. Please note that issues which are not raised at an administrative review may not later be raised at higher level hearings (IDAPA 16.05.03.301).

We urge you to begin correction immediately. If you have any questions regarding this letter or the enclosed reports, please contact me at (208)334-6626.

Sincerely,



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

SC/mlw

Enclosures

cc: Steve Millward
ec: Debra Ransom, R.N., R.H.I.T., Bureau Chief

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2008
NAME OF PROVIDER OR SUPPLIER BEAR LAKE MEMORIAL HOSPITAL HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 467 WASHINGTON STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
G 000	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during a recent recertification survey of your home health agency.</p> <p>The surveyors conducting the recertification were:</p> <p>Patricia O'Hara R.N., H.F.S., Team Leader Teresa Hamblin R.N., M.S., H.F.S.</p> <p>Acronyms used in this report: Asst. - assistant BG - Blood Glucose CHF - Congestive Heart Failure COPD - Chronic Obstructive Pulmonary Disease CVA - Cerebral Vascular Accident (stroke) DM - Diabetes Mellitus ED - Emergency Department FBS - Fasting Blood Sugar HHA - Home Health Agency LPN - Licensed Practical Nurse MD - Medical Doctor MSW - Masters Social Work prn - as needed PT - Physical Therapy RN - Registered Nurse SOC - Start of Care SN - Skilled Nursing</p>	G 000	<p>RECEIVED</p> <p>SEP 10 2008</p> <p>FACILITY STANDARDS</p>		
G 122	<p>484.14 ORGANIZATION, SERVICES & ADMINISTRATION</p> <p>This CONDITION is not met as evidenced by: Based on observation, review of clinical records and interviews with HHA staff, it was determined that the HHA failed to provide necessary organizational and administrative controls,</p>	G 122			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

Admin

9-8-08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER

BEAR LAKE MEMORIAL HOSPITAL HOME HEALTH

STREET ADDRESS, CITY, STATE, ZIP CODE

**467 WASHINGTON STREET
MONTPELIER, ID 83254**

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G 122	Continued From page 1 practices, policies and procedures. This impeded the overall functioning of the HHA and the coordination of care related to PT services. Findings include: 1. Refer to G123 as it relates to the agency's failure to clearly show lines of authority and delegation of responsibility down to the patient care level. 2. Refer to G139 as it relates to the agency's failure to have a physician or RN available at all times during operating hours. 3. Refer to G143 as it relates to the agency's failure to ensure that all personnel furnishing services maintained liason to ensure that their efforts were coordinated. 4. Refer to G144 as it relates to the agency's failure to ensure that the clinical records and/or minutes of the case conferences establish that coordination of patient care did occur.	G 122	See Authority and Delegation Organizational/Flow of service chart. This is Addendum 1 Charge Nurse policy has been created to address this. See Addendum 4. See Exchange of Information policy. Addendum 2 and 2a.	09/12/2008 09/12/08 09/12/08
G 123	484.14 ORGANIZATION, SERVICES & ADMINISTRATION Organization, services furnished, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly set forth in writing and are readily identifiable. This STANDARD is not met as evidenced by: Based on review of the hospital organizational chart and interview with HHA staff, it was determined that the agency failed to clearly	G 123	PT & MSW will be involved in patient care conference for their own patient's monthly. They will sign case conferences for those pts. See addendums 2, 3, & 8. See Authority and Delegation Organizational/Flow of Service chart. This is addendum 1.	09/12/08 09/12/08

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G 123	Continued From page 2 identify and set forth in writing lines of administrative control and the authority for delegation of responsibility down to the patient care level. This failure had the potential to lead to negative patient outcome as a result of poor coordination of care. Findings include: The hospital organizational chart showed the lines of authority of the HHA and the PT Department upward through the Asst. Administrator, Administrator, Board of Directors and County Commissioners. However, it failed to show the lines of authority downward to the patient care level. During an interview with the HHA Director, on 8/6/08 at 2:00 PM, she acknowledged that the agency did not have an organizational chart in place specific to the HHA that showed lines of delegation from the HHA down to the patient care level. The HHA failed to have written forms of communication, including an organizational chart specific to the HHA to delineate responsibility for the delivery of patient care.	G 123	See Authority and Delegation Organizational/Flow of Service chart. Addendum 1.	09/12/08	
G 139	484.14(d) SUPERVISING PHYSICIAN OR REGIS. NURSE Services furnished are under the supervision and direction of a physician or a registered nurse (who preferably has at least one year of nursing experience and is a public health nurse). This person, or similarly qualified alternate, is available at all times during operating hours. This STANDARD is not met as evidenced by: Based on interview with the Supervising RN and one RN Case Manager, it was determined that	G 139	Charge nurse policy created to address the days the supervising RN not available. See addendum 4. Weekly SN schedule changed to reflect charge nurse and RN backup availability. See addendum 5.	09/12/08	

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G 139	Continued From page 3 the agency failed to ensure that skilled nursing and other therapeutic services furnished were under the supervision and direction of a physician or a RN who was available at all times during operating hours. Findings include: Office hours were confirmed by the HHA Director as 8:00 AM - 4:30 PM, Monday through Friday, with on call skilled nursing services available 24 hours a day 7 days a week. In an interview with one RN Case Manager on 8/7/08 at 4:00 PM, she explained that an LPN provided skilled nursing coverage every fourth weekend. Further, she confirmed that there was no formal RN supervision scheduled for the weekends that the LPN was on call. In an interview with the HHA Director, on 8/6/08 at 4:00 PM, she confirmed that there was no formal RN supervision scheduled although there was usually an RN informally available to the LPN for consultation. The HHA failed to provide supervision and direction of skilled nursing and other therapeutic services at all times during operating hours by an MD or an RN.	G 139	See addendum 4 & 5. When LPN is on call a formal backup RN is added to the schedule. A charge nurse is also selected per the charge nurse policy when the supervising RN is unavailable.	09/12/08	
G 143	484.14(g) COORDINATION OF PATIENT SERVICES All personnel furnishing services maintain liaison to ensure that their efforts are coordinated effectively and support the objectives outlined in the plan of care. This STANDARD is not met as evidenced by: Based on interview of HHA staff, review of clinical	G 143	See addendum 2 & 2a. Exchange of information among all disciplines.	09/12/08	

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G 143	<p>Continued From page 6</p> <p>order for home health PT services, dated 7/2/08, called for "evaluate and treat," "massage," and "therapeutic exercise" 2-3 times per week for 4-8 weeks. The first documented PT visit after the physician order date of 7/2/08 was eight days later, on 7/10/08. No documentation was found in the clinical record that explained the delay in treatment or the reason the physician's order for "massage" was not addressed.</p> <p>During an interview on 8/7/08 at 9:50 AM, the Physical Therapist explained that the reason that PT had not gone out sooner or addressed the order for massage was because he had never seen the order dated 7/2/08. He further stated that the PT saw the patient on 7/10/08 in response to a phone call from a home health nurse on 7/10/08 who requested a PT visit per patient wishes. During an interview on 8/7/08 at 2:34 PM, the Assistant Director of Nursing stated she contacted the PT Department to find out who from the HHA initiated the phone call to the PT on 7/10/08 regarding the requested visit, and that the PT Department reported they did not keep any record of the phone call and could not say who initiated the contact. During an interview on 8/7/08 at 1:23 PM, the RN Case Manager also denied knowing anything about the PT order, dated 7/2/08.</p> <p>D. Patient #15, a 68 year old male whose SOC date was 7/3/08, was admitted to home health with an infection after a back surgery. Eleven PT visit notes, dated between 7/7/08 and 7/31/08 were found in the clinical record. Although an initial order for a PT consultation was found on the Home Health Certification (485) dated 7/3/08 which covered the initial PT visit on 7/7/08, no additional signed or verbal physician orders were</p>	G 143	Physical therapy referalls to be confirmed same day or day after referral sent. See addendum 2, 2a, & 3.	09/12/08	

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G 143	Continued From page 7 found that covered the eleven subsequent visits. During an interview on 8/7/08 at 5:37 PM, the Assistant Director of Home Health confirmed the missing PT orders. Refer to G 144 as it relates to the lack of documentation of phone calls and coordination of care efforts that occurred between SN and PT. The HHA failed to ensure that SN and PT services maintained liaison to ensure that efforts between SN and PT were coordinated effectively and supported the objectives outlined in the plan of care.	G 143	See addendum 2, 2a, & 3. All physical therapists were sent job descriptions with deadlines for paperwork.	09/12/08	
G 144	484.14(g) COORDINATION OF PATIENT SERVICES The clinical record or minutes of case conferences establish that effective interchange, reporting, and coordination of patient care does occur. This STANDARD is not met as evidenced by: Based on review of clinical records and team/case conference notes, and interview with HHA staff, it was determined that the HHA failed to ensure effective interchange, reporting, and coordination of patient care. This resulted in the PT being absent from all team/case conferences in 9 of 9 sampled records (#s 2, 3, 4, 9, 10, 11, 12, 14, and 15) of patients who received both SN and PT services. It also resulted in a lack of documentation of communication between SN and PT. This lack of participation by the PT in team conferences and lack of documentation of communication negatively impacted coordination of care and had the potential to negatively impact	G 144	Physical therapy will be invited to case conferences for their patients. This can be by speakerphone. If this is done by speakerphone an RN will document quoted clinical conference. They will read it back to the therapist for verification. The case conference will then be faxed to the therapist for signature. See addendums 2, 2a, 3, & 8.	09/12/08	

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G 144	<p>Continued From page 9 confirmed this information.</p> <p>None of the following nine sampled patient records showed evidence of direct PT participation in Team Conferences to promote effective interchange and updating of information.</p> <p>A. Patient #2, a 67 year old male with paraplegia and open wounds, had a SOC date of 6/16/08. He received SN, PT, and aide services. No signature or other documentation was found on the Team/Case Conference reports dated 7/8/08 and 8/5/08 to indicate PT directly participated in the Team Conference.</p> <p>B. Patient #3, an 83 year old female with a history of falls, had a SOC date of 5/15/08. She received SN and PT services. No signature or other documentation was found on the Team/Case Conference reports dated 6/10/08, 7/8/08, and 8/5/08 to indicate PT directly participated in the Team Conference.</p> <p>C. Patient #4, a 66 year old male with diagnoses of COPD and pulmonary fibrosis, had a SOC date of 5/13/08. He received SN, PT, and aide services. No signature or other documentation was found on the Team/Case Conference reports dated 6/10/08, 7/8/08, and 8/5/08 to indicate PT directly participated in the Team Conference.</p> <p>D. Patient #9, a 67 year old female admitted to home health after a hip replacement, had a SOC date of 7/11/08. She received SN and PT services. No signature or other documentation was found on the Team/Case Conference report dated 8/5/08 to indicate PT directly participated in the Team Conference.</p>	G 144	<p>See addendums 3 & 8.</p> <p>Physical therapy will be invited to case conference meetings 1 week prior with a specific time frame for their patients.</p> <p>If speaker phone conference is held notes will be sent for additional input and/or signature.</p> <p>A home health RN may document phone conversation comments as long as the physical therapist signs the case conference.</p>	09/12/08	

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G 144	<p>Continued From page 10</p> <p>E. Patient #10, a 67 year old female with rheumatoid arthritis and difficulty walking, had a SOC date of 5/12/08. She received SN, PT, MSW, and aide services. No signature or other documentation was found on the Team/Case Conference reports dated 6/10/08, 7/8/08, and 8/5/08 to indicate PT directly participated in the Team Conference.</p> <p>F. Patient #11, a 73 year old male with a fractured ankle, had a SOC date of 7/7/08. He received SN and PT services. No signature or other documentation was found on the Team/Case Conference report dated 8/5/08 to indicate PT directly participated in the Team Conference.</p> <p>G. Patient #12, an 86 year old female who was admitted to home health with diagnoses of hypertension, muscle weakness, osteoporosis, and diarrhea, had a SOC date of 7/9/08. She received, SN, PT, and aide services. No signature or other documentation was found on the Team/Case Conference report dated 8/5/08 to indicate PT directly participated in the Team Conference.</p> <p>H. Patient #14, a 67 year old male admitted to home health with a principle diagnosis of "late effects of CVA," had a SOC date of 6/9/08. He received both SN and PT services. No signature or other documentation was found on the Team/Case Conference reports dated 6/10/08, 7/8/08, and 8/5/08 to indicate PT directly participated in the Team Conference.</p> <p>I. Patient #15, a 68 year old male admitted to home health with an infection after a back surgery, had a SOC date of 7/3/08. He received,</p>	G 144	See G 144 pg 10 of 16	09/12/08	

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G 144	Continued From page 11 SN, PT, and aide services. No signature or other documentation was found on the Team/Case Conference reports dated 7/8/08 and 8/5/08 to indicate PT participated in the Team Conference.	G 144	See addendums 2, 2a, & 3.	09/12/08	
G 158	The HHA failed to ensure the clinical records and minutes of case conferences reflected effective interchange, reporting, and coordination of patient care. 484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine. This STANDARD is not met as evidenced by: Based on review of clinical records and interviews with HHA staff, it was determined that the agency failed to ensure care followed a written plan of care established and reviewed by a doctor. This resulted in: 1) an unreported delayed PT visit and missed order for massage in 1 of 9 patients, (#14) who received PT and SN care; 2) an extra unreported nursing visit in 1 of 15 patients (#14) who received SN; 3) PT visits without physician orders in 3 of 9 patients, (#s 3, 12, and 15) who received PT and SN services; and 4) a failure to report a low BG in 1 of 3 patients, (#7) who had a diagnosis of diabetes. Failure to ensure care followed a written plan of care established by a doctor had the potential to negatively impact patient outcomes. Findings include: 1. Unreported Delayed PT Visit and Missed Order for Massage Patient #14, a 67 year old male with a SOC date	G 158	Tracking system in place to ensure MD orders are sent out and returned promptly. Physical therapy referrals to be confirmed same day or day after referral has been sent. The time and date of confirmation will be documented on the referral. Deviation from 485 scheduled visits by SN's will be addressed at staff meeting on 09/09/08. A short order for all PRN visits is required.	09/12/08	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 137069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/08/2008
NAME OF PROVIDER OR SUPPLIER BEAR LAKE MEMORIAL HOSPITAL HOME HEALTH			STREET ADDRESS, CITY, STATE, ZIP CODE 467 WASHINGTON STREET MONTPELIER, ID 83254		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
G 158	<p>Continued From page 12</p> <p>of 6/9/08, was admitted to home health with a principle diagnosis of "late effects of CVA." An order for home health PT services, dated 7/2/08, called for "evaluate and treat," "massage," and "therapeutic exercise" two to three times per week for four to eight weeks. The first documented PT visit after the order was 8 days later, on 7/10/08, followed by a second visit on 7/31/08. There was no documentation found on visit notes to indicate that PT addressed the physician's order for massage or explained the delay in treatment. During an interview on 8/7/08 at 9:50 AM, the Physical Therapist explained that the reason PT had not made a visit on 7/2/08 or addressed the massage was because he had never seen the order dated 7/2/08. He further explained that PT saw the patient on 7/10/08 in response to a phone call from a home health nurse who requested that PT visit per patient wishes.</p> <p>Failure to carry out the order for massage and to provide other PT services in the time frame ordered had the potential to delay or interfere with patient recovery.</p> <p>2. Extra Nursing Visit Not Covered by Physician Orders</p> <p>Patient #14, a 67 year old male with a SOC date of 6/9/08, was admitted to home health with a principle diagnosis of "late effects of CVA." The home health certification and plan of care, dated 6/9/08, called for nursing visits two times per week for one week, followed by one time per week for four weeks. During the second week of care, two nursing visits were documented, one of which was recorded as a "prn" visit. There was no documented physician order found in the</p>	G 158	<p>Confirmation of referral received by physical therapy the day of 09/12/08 the referral or the day after. Date & time will be documented on the referral. See addendums 2, 2a, and 3.</p> <p>Short orders required for all PRN visits will be addressed at the next staff meeting on 09/09/08.</p>	09/12/08	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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G 158	Continued From page 13 clinical record for a prn visit or documentation that the physician had been notified that an extra visit was necessary. During an interview on 8/7/08 at 9:28 AM, the Assistant Director of Home Health confirmed an extra nursing visit was made and stated "there should have been a prn order to cover this visit but I don't see one." Failure to inform the physician of the need for a prn visit and obtain an order for the SN visit prevented the physician from knowing about changes in the patient condition that could have suggested a need to alter the plan of care. 3. Missing Physician PT Orders A. Patient #3, an 83 year old female with a SOC date of 5/15/08, was admitted to home health with a principle diagnosis of CHF. Seven PT visit notes were documented in the clinical record for dates between 7/15/08 and 8/6/08. No verbal or signed physician orders for PT services were found in the clinical record. In an interview on 8/6/08 at 2:34 PM, the clinical director confirmed the PT orders were missing. She stated "the orders should have been on the 485." B. Patient #12, an 86 year old female whose SOC date was 7/9/08, was admitted to home health with diagnoses of hypertension, muscle weakness, osteoporosis, and diarrhea. Twelve PT visit notes, dated between 7/9/08 and 8/1/08 were found in the clinical record. Although an initial order for a "PT evaluation and treatment with orders to follow" was found on the Home Health Certification (485) dated 7/9/08 to cover the visit on 7/9/08, no additional signed physician orders for PT were found to cover the eleven subsequent visits. During an interview on 8/7/08	G 158	Staff meeting 09/09/08. Will cover that all PRN visits and cares deviating from the 485 must have a short order. See addendum 6. A chart review will be done to determine if all ordered disciplines have been included in the 485 plan of care. See addendums 2, 2a, 3, 7, & 7a. Physical therapy deadlines for paperwork, exchange of information, and tracking of MD orders will be in place.	09/12/08	09/12/08 09/12/08 09/12/08

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G 158	<p>Continued From page 14</p> <p>at 5:07 PM, the Assistant Director of Home Health confirmed the missing PT orders.</p> <p>C. Patient #15, a 68 year old male whose SOC date was 7/3/08, was admitted to home health with an infection after a back surgery. Eleven PT visit notes, dated between 7/7/08 and 7/31/08 were found in the clinical record. Although an initial order for a PT consultation was found on the Home Health Certification (485) dated 7/3/08, no additional verbal or signed physician orders were found to cover the eleven subsequent visits. During an interview on 8/7/08 at 5:37 PM, the Assistant Director of Home Health confirmed the missing PT orders.</p> <p>Failure to obtain signed physician orders for PT services interfered with physician involvement and approval of plans of care.</p> <p>4. Failure to Report Low BG Parameters to the Physician</p> <p>Patient #7, a 79 year old female with a SOC date of 1/15/08, was admitted to home health with diagnoses of CHF, DM with renal manifestation, and hypertension. The Home Health Certification and Plan of Care (485) for certification period 3/15 stated "SN to inquire on FBS at each visit and report any abnormal findings." The home health aide plan of care, dated 1/15/08, stated "aides to record blood sugars two times per week and report to SN blood sugars lower than 70 or greater than 200." An HHA policy, signed by the medical director Jan, 2004 stated "It is the policy of [agency name] that when a fasting blood sugar or a post prandial sugar is less than 50 ... the skilled nurse is to notify the attending physician or the physician covering the attending physician's</p>	G 158	<p>See addendums 2, 3, 7, & 7a. These include tracking of MD orders .</p> <p>See addendums 2 & 2a. Will hand out blood sugar report policy out to all staff at staff meeting on 09/09/08 for a reminder of parameters.</p>	<p>09/12/08</p> <p>09/12/08</p>	

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 5ZEO11 Facility ID: OAS001050 If continuation sheet Page 16 of 16

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N 001	03.07020.01. ADMIN.GOV.BODY 020. ADMINISTRATION - GOVERNING BODY. N001 01. Scope. The home health agency shall be organized under a governing body, which shall assume full legal responsibility for the conduct of the agency. This Rule is not met as evidenced by:	N 001	<p>RECEIVED</p> <p>SEP 10 2008</p> <p>FACILITY STANDARDS</p> <p>See addendums 2, 2a, 3, & 8. 09/12/08 Physical therapy will be invited 1 week prior to case conference meeting. Signatures will be obtained to document attendance by speakerphone or in person. If attendance by speakerphone an RN will write down physical therapists comments and note will be sent/faxed for signature.</p> <p>See addendum 3, 6, 7, & 7a. Chart reviews and tracking of MD orders to assist with this. 09/12/08</p>		
N 062	03.07021. ADMINISTRATOR N062 03. Responsibilities. The administrator, or his designee, shall assume responsibility for: i. Insuring that the clinical record and minutes of case conferences establish that effective interchange, reporting, and coordination of patient care between all agency personnel caring for that patient does occur. This Rule is not met as evidenced by: Refer to Federal tags G 143 and G144.	N 062			
N 152	03.07030.01.PLAN OF CARE N152 01. Written Plan of Care. A written plan of care shall be developed and implemented for each patient by all disciplines providing services for that patient. Care follows the written plan of care and	N 152			

Bureau of Facility Standards

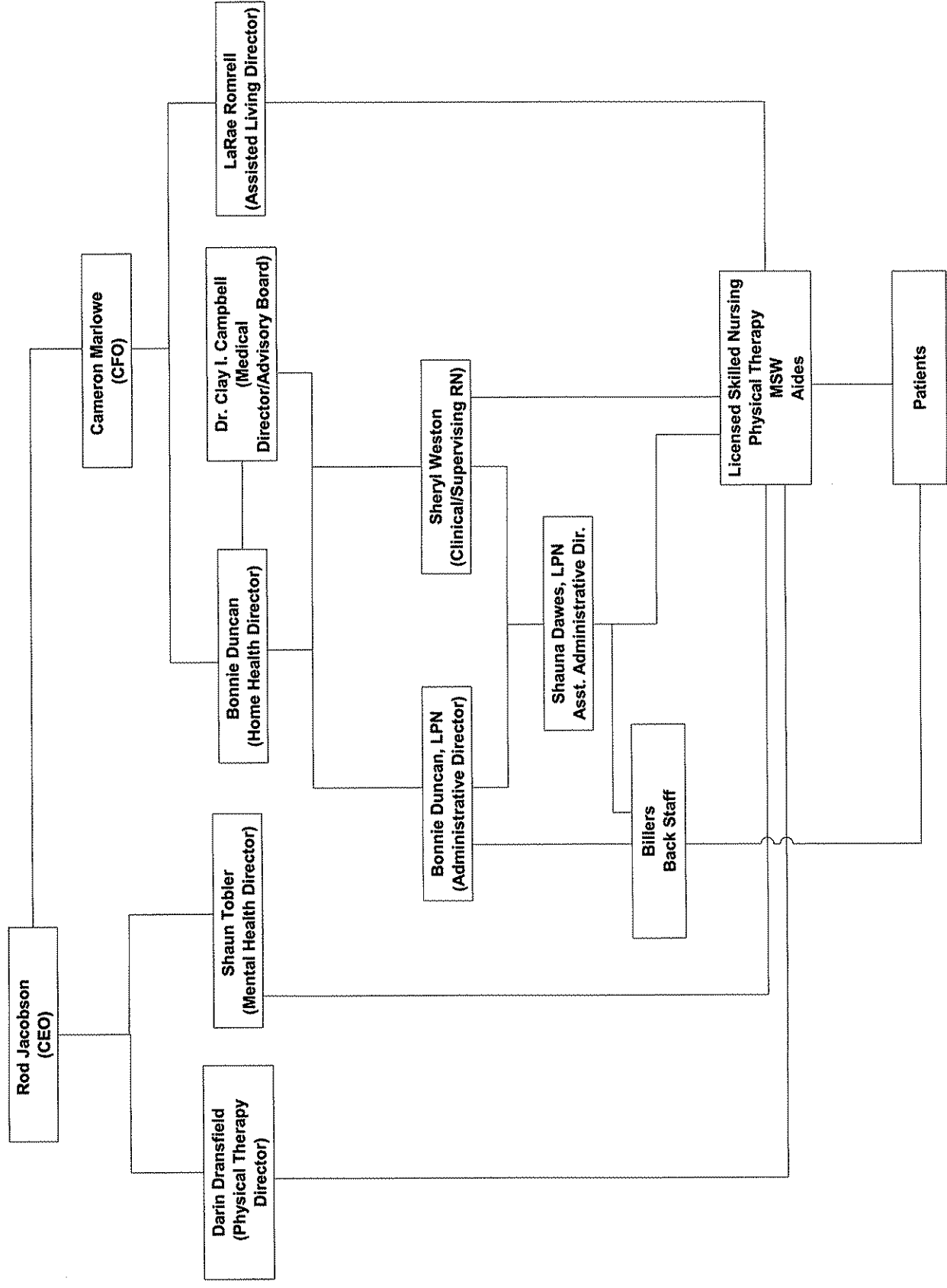
TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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N 152	Continued From page 1 includes: This Rule is not met as evidenced by: Refer to Federal tag G 158.	N 152			

Bear Lake Memorial Home Health Organizational/Flow of Service Chart



POLICY FOR EXCHANGE OF INFORMATION BETWEEN STAFF
CARE FOR HOME HEALTH PATIENTS FOR
BEAR LAKE MEMORIAL HOME HEALTH

1. All disciplines involved in the plan of care for a home health patient will be expected to exchange/share all pertinent information as soon as possible to assist in the rehabilitation of the home health patient.
2. This information will be in written form and will be placed in the home health Patient chart in the section designated for the discipline writing the documentation.
3. Information must be shared in a timely manner, either by telephone, faxed, or hand-written. The form may be of the writer's choice but must be sized to fit in a regular 3-ringed chart and must be legible.
4. Home Health agency staff will provide all outside disciplines a copy of the home health 485, and any other information that may help the disciplines provide holistic care for the home health patient i.e. history and physicals received from M.D.
5. Patient care conferences are held monthly. All discipline providing direct patient care to a home health patient must attend and must sign the care conference form for the patient that they provide care to. Out-reach Physical Therapist, MSW Therapist may attend per speaker phone. The care conference report will be mailed to them for their signature and needs to be returned as soon as possible.
6. Anytime that a change in patient care occurs for a particular patient, a care conference may be held with the disciplines involved and signed documentation provided for the chart.
7. It is the responsibility of the Clinical Staff to document on their visit notes any report by patient of upcoming or past MD appointments, hospitalizations, ER visits, etc. so that the Home Health Back Staff members may request a copy of the visit notes.
If the patient care will be immediately affected by such information, it will be the responsibility of the discipline visiting the patient to obtain the notes or speak with the home health staff to obtain or assist to obtain this information as soon as possible.
8. Documentation of information/coordination to be placed in the chart in the section of the discipline writing it. Orders signed by MD will also have a copy of said documentation in the physician's order section.

**BEAR LAKE HOSPITAL HOME HEALTH
UPDATE / COORDINATION OF CARE / PLAN CALL NOTE**

Patient: _____

Date: _____

To: _____

From: _____

Phone Conversation: ☐ Yes ☐ No

New Problem: ☐ Yes ☐ No

Patient Seen Today: ☐ Yes ☐ No

Visit Frequency Changes: ☐ Yes ☐ No

Care Plan Updated: ☐ Yes ☐ No

SUMMARY (New problem, lab, visit change): _____

Signature of person writing note

MD COMMENTS: _____

MD Signature

POSITION TITLE: Physical Therapist

SUPERVISOR: Administrative Director of Home Health and Clinical Supervising RN

UNIT: Home Health

POSITION PURPOSE:

To provide direct care Physical Therapy services to Home Health patients.

NATURE AND SCOPE:

Will report to the above supervisors and agrees to comply with the Home Health guidelines for the State where the physical therapy cares are given.

ACCOUNTABILITIES and PERFORMANCE STANDARDS:

1. Provides Physical Therapy to patients whose direct care needs have been determined after an evaluation and consultation with the referring Physician to develop a written plan of treatment for the type, amount, frequency, and duration of care within 72 hours of referral to Home Health. The Initial Evaluation must also include Rehab Potential and the plan for discharge.
 - a. Will phone the plan of care to the referring Physician and will document on the initial Plan of Care the date the verbal contact was made.
 - b. Will phone the Home Health office by end of the day that the initial evaluation visit was made with the estimated number of physical therapy visits to be made during the cert period.
 - c. Instructs a patient/family in appropriate exercises and activities to meet patient's needs, and will provide these instructions to patient in written form. Agrees to provide to the Clinical Supervising RN or RN case manager a copy of the written instructions for the patient chart and copy of written HEP instructions which may be delegated to the Home Health Aide in the event that the patient needs further/additional assistance on the days PT is not scheduled or is discontinued. The HEP instructions will be sent to the Supervising RN within 48 hours of determining the need for aide assistance.
 - d. Interprets to the patient/family the implications/outcomes of the treatment to be obtained from PT consistent with the medical orders.
 - e. Maintains written communication with the Home Health Department Administrative director or Clinical Supervising RN regarding patient visit schedule and agrees to provide written visit notes and signed missed visit form within 48 hours after the scheduled visit.
 - f. Physical Therapy will provide to Home Health a schedule of the weekly visits for the patients enrolled in Home Health Physical Therapy Services and will provide and updated schedule ASAP whenever changes occur.

2. Assists in developing the plan of care and revising it when necessary. The plan must relate type, amount, frequency and duration of the Physical Therapy and indicate the diagnosis and anticipated goals. Any changes to this plan of care must be made in writing and signed by the Physician and Therapist.
3. The plan of care must be reviewed and summary written to the attending Physician, in consultation with the Home Health Physical Therapist at such intervals as the severity of the patient's condition requires, but at least every 30 days.
- 3a. The 60 day discharge summary will be sent to Home Health 10 – 14 days before the end of the cert period. If recertification is recommended, the summary needs to include the reasons for the recertification.
4. Agrees to be present in person or per speaker-phone at the monthly patient care conference meeting. The 30 day review/summary patient care conference will be scheduled by Home Health. Home Health agrees to give the physical therapist one week notice of the scheduled meeting. Physical Therapist will provide to Home Health the necessary documentation that they participated in the monthly patient Conference per speaker-phone for patient chart.
5. Develops and implements plans for adapting equipment, appliances and physical surroundings to patient needs.
6. Attends and participates in professional conferences, inservices, continuing education programs, and agrees to maintain accepted professional standards and principles as the State regulations require for the state where cares are given.
7. Agrees to continue to follow Home Health Regulations when Home Health patient is required to pursue physical therapy on an outpatient basis and cannot be discharged from Home Health as SN services are still being provided per MD order.
8. Prepares clinical and progress notes, and summaries of care and agrees to send these written notes and summaries to Home Health as described in the Coordination of Cares Between Home Health and Physical Therapy. Agrees to provide a coordination and/or exchange of information to Home Health on a PRN basis to facilitate patient holistic care while on Home Health Services. For example when a pt tells physical therapy they have started a new medication or stopped a medication; when a patient tells physical therapy they are nauseated, vomiting or have diarrhea, etc.
9. Confers as needed with attending physician regarding patient progress.
10. Participates in the integration of Physical Therapy services into an overall comprehensive holistic care plan for the patient.
11. Monthly Billing will be acceptable for any of the contract Physical Therapists.

MINIMUM QUALIFICATION:

To perform satisfactorily in this position requires a current license in the State of Idaho, A bachelor's degree from an accredited school of physical therapy and at least one year of experience under qualified supervision, preferably in a program emphasizing rehabilitation.

Required a valid Idaho driver's license and automobile available for making home visits, and CPR card.

The Physical Therapist will be responsible to send a photocopy of Driver's License, Vehicle Insurance, current CPR Card, State License and current immunizations to the Home Health Department for their personnel file.

Required to have a current Physical Therapist License in all states that they will be providing care in through our Home Health Agency.

Required to attend a quarterly Quality Assurance Meeting. The time will be scheduled by Home Health and correlated with Physical Therapy and the other Skilled Services to be present.

Policy Effective 21 August 2008

CHARGE NURSE POLICY

IF THE SUPERVISING R.N. IS NOT AVAILABLE DURING OPERATING HOURS OF THE AGENCY (FROM 8:30 AM UNTIL 4:30 PM) THEN AN R.N. WHO HAS AT LEAST ONE YEAR OF NURSING EXPERIENCE OR IS SIMILARLY QUALIFIED WILL BE SCHEDULED TO BE KNOWN AS "CHARGE NURSE" FOR THAT DAY. THE R.N. WILL HANDLE CLINICAL RESPONSIBILITIES WHICH MAY INCLUDE BUT NOT LIMITED TO: CLINICAL PROBLEMS OR QUESTIONS FROM PATIENT'S OR STAFF, SCHEDULING PROBLEMS, SUPERVISING AREAS THAT WOULD REQUIRE ATTENTION ON THAT DAY. THE R.N. CHOSEN FOR THAT DAY WILL BE THE ONE CLOSEST TO THE OFFICE.

SEPTEMBER 2008

Handwritten: 5

BEAR LAKE MEMORIAL HOME HEALTH
SKILLED NURSE WEEKLY SCHEDULE

Month <u>AUGUST-SEPTEMBER 2008</u>		Name				
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
31 AUGUST	1 SEPTEMBER	2 SEPTEMBER	3 SEPTEMBER	4 SEPTEMBER	5 SEPTEMBER	6 SEPTEMBER
ON CALL: BACKUP: CHARGE RN:	ON CALL: BACKUP: CHARGE RN:	ON CALL: BACKUP: CHARGE RN:	ON CALL: BACKUP: CHARGE RN:	ON CALL: BACKUP: CHARGE RN:	ON CALL: BACKUP: CHARGE RN:	ON CALL: BACKUP: CHARGE RN:
DR CAMPBELL ON CALL	DR. DEGNAN ON CALL	DR. JENSEN/CLARK ON CALL	DR. CLARK/THAKUR ON CALL	DR. DEGNAN ON CALL	DR. DEGNAN ON CALL	DR. WOLFF ON CALL

ADMIT CHART REVIEW

(To be completed in 1-1 & ½ weeks of admit)

PATIENT'S NAME: _____

START OF CARE DATE: _____

PHYSICIAN'S NAME: _____

YES NO NA ADMISSION RECORDS

___	___	___	ADMIT PACKET FORMS FILLED OUT COMPLETELY AND SIGNED BY RN WHERE APPLICABLE.
-----	-----	-----	---

___ White hospital admit form

___ 24 Hour Admit

___ Home Health – DME Choice list

___ Admission Agreement

___ Home Patient Agreement – Assignment of Insurance Benefits

___ Medicare Questionnaire

___ Consent for Release of Records

___ Message about Medicare - Hotline Number

___ Privacy Act

___ HIPPA

___ Patient Bill of Rights

ADVANCED DIRECTIVES

___	___	___	CPR/DNR order
-----	-----	-----	---------------

___	___	___	Living Will checklist
-----	-----	-----	-----------------------

PLAN OF CARE (485)

___	___	___	Do all disciplines involved in the plan of care show on the 485?
-----	-----	-----	--

___	___	___	Are there referrals to PT or MSW?
-----	-----	-----	-----------------------------------

___	___	___	Is the initial evaluation back from PT or MSW?
-----	-----	-----	--

___	___	___	Did the PT make the initial eval visit within 72 hours of the referral?
-----	-----	-----	---

___	___	___	Did the PT get the initial eval to office within 72 hours of visit?
-----	-----	-----	---

___	___	___	Has the initial eval been sent for MD signature?
-----	-----	-----	--

___	___	___	Is the MD signed initial eval back? (IF NOT check on it)
-----	-----	-----	--

___	___	___	Is an aide care plan present with parameters if aides are ordered on the 485?
-----	-----	-----	---

MEDICATION PROFILE

___	___	___	Do the allergies match on the 485, OASIS, and the med profile?
-----	-----	-----	--

___	___	___	Does the initial date signed match the 485 and OASIS dates?
-----	-----	-----	---

___	___	___	Does medication profile match the 485?
-----	-----	-----	--

___	___	___	Is O2 on the med sheet and 485 and does it have route and specifics?
-----	-----	-----	--

___	___	___	Has an infection control report been made for any antibiotics?
-----	-----	-----	--

TRACKING OF ALL OUT OF TOWN MD ORDERS

All orders being sent out of town for physician's signature will be tracked and mailed out in a timely manner. If the signed order has not been returned to the agency within 7 days of the sent out date, the agency back staff or administration will either phone the MD office to inquire about the status of the order or a copy of the missing order will then be resent for signature via fax.

September 2008

OUT OF TOWN MD ORDER TRACKER

[illegible]

IF NOT BACK WITHIN 1 WEEK OF DATE SENT PLACE PHONE CALL TO THE MD OFFICE FOR STATUS OR RESEND ORDER.

BEAR LAKE HOSPITAL HOME HEALTH TEAM/CASE CONFERENCE REPORT

Patient: _____ Date: _____ Time: _____

Present: _____

Detailed Need/Problem/Update:

Plan/Actions/Referral:

M.D. Comments:

M.D. Signature _____